Dr. Ed Marquis, Dr. Omar Ahmad

RURAL COVID-19 ROUNDS | APR 16 2020 | 0800-0900 PDT

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PROGRAM DISCLOSURE

The Rural Rounds program has received no financial or in-kind support from commercial entities. The program is supported by RCCbc.

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FACULTY DISCLOSURE

- **Dr. Ed Marquis:** Doctors of BC Rural Coordination Center of BC
  Northern Health Authority Prince George Division of Family Practice
- **Dr. Omar Ahmad:** Nothing to disclose

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MITIGATION OF BIAS

- **Dr. Ed Marquis**: No conflict of interest
- **Dr. Omar Ahmad**: NA

LEARNING OBJECTIVES

1. Discuss a recent rural case involving a COVID-19 diagnosis
2. Review management of a patient with known or suspected COVID-19 including preparation for arrival, use of PPE, transfer decision making and intubation decision making.
3. Discuss system changes for rural precipitated by this early COVID case.

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CASE PRESENTATION

49yr Caucasian male - no comorbidity

Attended a conference in Vancouver March 5/6th accompanying his wife.

He developed mild URTI symptoms without fever or SOB when home ~ March 10th.

Swab done March 12th at UPCC as part of symptomatic contact screen following potential Vancouver exposure.

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CASE PRESENTATION (CONT'D)

Patient developed cough, HA and chest tightness about March 14th.

By March 21st (day 7 of symptoms) had developed fever/chills, worsening cough and presented to ER (Respiratory Path) for investigation. Physical essentially normal aside a Temp of 38.5. Bp 120/80, HR 80, RR 14, o2 sat 96%. Chest clear to auscultation.

CXR - subtle bilateral patchy infiltrates. WBC 3.1, Leukocytes 0.61, Platelets 125, CRP 72.

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CASE PRESENTATION (CONT'D)

Covid NP swab taken and discharged home following a single IV dose of Ceftriaxone plus a script for oral Azithromycin/Tamiflu and Hydroxychloroquine. Told to follow up in ER if symptoms worsened.

His wife's CoVid results came back later that day (9 day turnaround) - Negative result.

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CASE PRESENTATION (CONT'D)

Presented back to ER March 23rd via ambulance after significant deterioration over a few hours at home. RR 30, mottled, o2 Sat 85-89 on 10L RBM. ABG in ER 7.46/28/72/20/94 on 50-60%.

Taken to ICU for early intubation by CoVid Airway Response Team.

His swab result back day 1 in ICU - Positive. 11 days on vent, uncomplicated settings, high compliance, quite bronchospastic, no other organ injury (renal/liver/myocardial), no needed pressors, steroids on day 8.

Failed 3 weaning attempts but home now and well. HCW all well.

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LESSONS

1) These patients can change quickly - we locally developed a Home Monitoring Program, loaning o2 sat monitors and daily FU from MRP days 5-12.
2) We need to identify who has CoVid to follow them as an outpatient.
3) It takes a team effort with a critical mass to safely manage airway in a protected environment.

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Number two and three led to an emergency RIC meeting March 29th and a letter to our PHO and MOH requesting that we “Test all symptomatic patients in isolated rural >2hr from ICU”, “CoVid patients who reside in isolated communities should be offered safe/secure accommodation close to ICU from days 5-12 with daily virtual care in a culturally safe manor”.

THANK YOU

Thank you for joining us today and please stay tuned for upcoming Rural COVID-19 Rounds sessions

Attendance: https://ubc.ca1.qualtrics.com/jfe/form/SV_3WB0TbyWMuJuNFj

Evaluation: https://ubc.ca1.qualtrics.com/jfe/form/SV_3yDbjoJknOSkxO5

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To sign up: https://bit.ly/CAMP-CPD
Questions? Email camp.rcpd@ubc.ca

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